

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42676**

FILED DEC 28 1953
BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **5506** Registrar's No. **264**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton RURAL 10420	
c. LENGTH OF STAY (in this place) 5 MONTHS		d. STREET ADDRESS (If rural, give location) 1 Mile From Rackett	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) WALTER	b. (Middle) (None)	c. (Last) JENKINS	4. DATE OF DEATH (Month) (Day) (Year) Dec 22, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Mar 12, 1888	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 9 Days 10	IF UNDER 1 WEEK Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Henry Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Booker Jenkins	13b. MOTHER'S MAIDEN NAME Haley Wheeler	14. NAME OF HUSBAND OR WIFE Della Jenkins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Della Jenkins	ADDRESS Clinton, Rackett St
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy		INTERVAL BETWEEN ONSET AND DEATH 2 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cardiac decompensation		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Dec 10, 1953**, to **Dec 22, 1953**, that I last saw the deceased alive on **Dec 20, 1953**, and that death occurred at **7:00 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. S. Walker M.D.	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 12-28-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 24, 1953	24c. NAME OF CEMETERY OR CREMATORY Shady Grove	24d. LOCATION (City, town, or county) (State) Rackett Benton's Mo
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DATE REC'D BY LOCAL REG. Dec-24-53	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE John J. Reser	ADDRESS Wasson
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John F. Riser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.